good health, and has never been addicted to drinking till lately. Had been ailing for nine or ten days, but delirium did not set in until two or three days before he was admitted. At the time of his admission he was very restless and violent—face flushed and pulse very frequent. Ordered

Potass Bromide 3ij.
Aqua 3iv. M. ft. mist.

To take a tablespoonful every 3rd hour.

June 23rd—Passed a very restless night, and to-day became so violent as to require confinement in a straight jacket. To continue the mixture.

June 24th—Slept for a few hours last night, and to-day feels much better. The restlessness, to a great extent, has passed off, and he is much calmer. To continue the mixture.

June 27—Has been rapidly improving, and now feels quite well.

June 28th—Discharged, cured.

The following case of gunshot wound of the arm and shoulder, is one of great interest, as a remarkably good example of the beneficial effects of conservative surgery, as well as a good illustration of the antiseptic plan of treatment by means of carbolic acid, so ably advocated by Lister, of Glasgow, and Adams, of London. The extent of the injury was so great that any attempt at saving the limb would have been looked upon by most surgeons as perfectly useless. Dr. Jennings, however, considered the attempt worth trying, and the result has certainly been most gratifying.

J. G———, 26, seaman, admitted April 14, 1868, under the care of Dr. Jennings. States that while in the act of getting into a small boat from his vessel, with a loaded gun in his right hand, the trigger caught in the gunwale and the gun was discharged, the charge passing through the right shoulder. Wet cloths and a bandage were immediately applied. Medical aid subsequently arrested the hemorrhage, and he was sent to hospital. On admission the patient was found to be extremely weak, and suffering a good deal of pain in the wound. The soft parts covering the upper and anterior part of the right arm and shoulder were very much torn and bruised, and the upper part of the humerus was broken into fragments. After administering chloroform, Dr. Jennings removed four or five inches of the humerus, leaving the head of the bone in its place; the soft parts were trimmed and the wound dressed with lint, soaked in a mixture composed of one part of pure carbolic acid and six parts of linseed oil. Slight secondary hemorrhage occurred a few days subsequently, but was readily controlled.

May 5th—The wound has been granulating nicely, and there is a free secretion of healthy pus. Has had a plentiful allowance of beef tea, milk and stimulants. Complains of having a short dry cough, and a feeling of weakness in the chest. Ordered ol. morrhuae 3j. three times a day. As the head of the bone had necrosed and was lying on the surface of the wound, it was removed.

June 6th—The wound is filled with healthy granulations. General health very good. The carbolic acid dressing to be discontinued, and ungt. zinci oxyd. substituted. A very peculiar pulsation, about two inches below the right clavicle, was noticed. On examination the subclavian artery was found to run an abnormal course, being situated lower on the chest, and passing in a much straighter line than usual. A distinct bruit was heard.

July 12th—The wound has quite healed and the general health is very good.

The following case of fatty tumor of the neck is interesting on account of its enormous size, weighing at least 3 lbs., the application of acupressure pins to the bleeding arteries, and the stoppage of secondary hemorrhage by Richardson's Styptic Colloid after Tinct Ferri had failed.

J. J———, 69, admitted into hospital May 19th, 1868, under the care of Dr. W. B. Slayter. States that he has always been a temperate, steady man, enjoying tolerably good health. About fourteen years ago first noticed a small hard lump below the lower border of the left parotid gland. It caused neither pain nor inconvenience, but steadily increased in size, spreading downwards and forwards so as to cover entirely the anterior triangle of the left side, and press upon the larynx and trachea in front. For some little time before admission the tumor has increased so rapidly as to cause a difficulty in breathing.

May 26th—Dr. Slayter removed the tumor by making eliptical incisions extending from the lower border of the inferior maxilla to the edge of the sternum, and carefully dissecting the tumor and sheath from the attachments. Acupressure pins were applied to two small arteries, which readily controlled the hemorrhage. Two hours after the operation secondary hemorrhage came on. The wound was immediately opened and all clots removed. No bleeding point could, however, be discovered, there seemed to be a general oozing of blood from the surface of the torn tissues. No blood came from the acupressed arteries. Tinct Ferri Perchlor was freely applied at intervals for ten or fifteen minutes, but the oozing continued. Richardson's Styptic Colloid was then